

VIRGINIA DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES
APPLICATION FOR A PERMIT TO RECEIVE, PROCESS AND HANDLE MILK
FOR MANUFACTURING PURPOSES

This application must be accompanied by a recent plant inspection made on the facilities described below and a negative water supply test record within 30 days of the date the permit is issued.

1. TYPE OF MILK PROCESSED: _____
(Cow, goat, sheep, water buffalo, etc.)

2. ISSUE PERMIT TO: The permit may be issued to any individual(s), plant operator(s), partnership, corporation, company, firm, trustee, or institution. If a partnership, corporation, company, firm, trustee, or institution, the permit application must be accompanied by the articles of incorporation, partnership agreement, or trust document, identifying the names, titles, and addresses of all responsible officials for the entity.

No permits may be issued to minors (persons under 18 years of age).

ISSUE PERMIT TO: (Please Print)

3. PERMIT ADDRESS: The actual location of the facilities should be listed. Please list the UPS delivery address. (Please Print)

Address 1: _____

Address 2: _____

City/State/Zip: _____

4. TRADING AS NAME: If the processor will not be trading in the name to which the permit is issued, list the trading as name. (Please Print)

Trading as Name

5. CORRESPONDENCE NAME AND ADDRESS: Please designate the name of one permit holder and their mailing address to which all sample reports and official correspondence may be sent. (Please Print)

Mr.
Ms.

Correspondence Name: Mrs. : _____

Address 1: _____

Address 2: _____

City/State/Zip: _____

6. NAME(S) AND PHONE NUMBER(S) OF RESPONSIBLE PERSON(S) TO CONTACT: (Please Print)

Table with 3 columns: Name, Area Code, Number

Name Area Code Number

7. **SIGNATURE(S) OF PERSON(S) TO WHOM PERMIT IS TO BE ISSUED:** All persons listed on the permit must sign and date below.

Print Name	Signature	Title	Date
Print Name	Signature	Title	Date
Print Name	Signature	Title	Date
Print Name	Signature	Title	Date
Print Name	Signature	Title	Date
Print Name	Signature	Title	Date

OFFICE INFORMATION, TO BE COMPLETED BY THE INSPECTOR:

PLANT INSPECTOR: _____ INSPECTOR NUMBER: _____

PLANT IS LOCATED IN THE COUNTY/INDEPENDENT CITY OF: _____

IS PLANT LOCATED WITHIN 50 MILES OF NORTH ANNA NUCLEAR POWER PLANT? ___ YES ___ NO

IS PLANT LOCATED WITHIN 50 MILES OF SURRY NUCLEAR POWER PLANT? ___ YES ___ NO

IS PLANT LOCATED WITHIN 50 MILES OF NORFOLK NAVAL NUCLEAR POWER STATION? ___ YES ___ NO

NO WATER SAMPLE NECESSARY, PLANT SUPPLIED BY A PUBLIC WATER SUPPLY SYSTEM: ___ YES ___ NO

ISSUE DATE OF PERMIT: _____

SIGNATURE OF INSPECTOR: _____ DATE _____

- The following documents are attached:
- ___ Water Sample Report
 - ___ Recall Plan
 - ___ Product Labels

___ Inspection Report